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COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[X] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Locking Mechanism for Disk Drive Carrier Enclosure System**

the specification of which

(a) [] is attached hereto.

(b) [X] was filed on February 22, 2002 as Application Serial No. 10/080,417 and was amended on _____.

(c) [] was described and claimed in International Application No. _____ filed on _____ and amended on _____.

Acknowledgment of Duty of Disclosure

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

35 U.S.C. § 120

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)	(Patent No. if applicable)
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(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)	(Patent No. if applicable)
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Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746 and Marina T. Larson, PTO Reg. No. 32,038 of the firm of OPPEDAH & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:



021121

DIRECT TELEPHONE CALLS TO:
OPPEDAH & LARSON LLP
(970)468-6600

JUN 11 2002

Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

Provisional Application

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/270,940

February 22, 2001

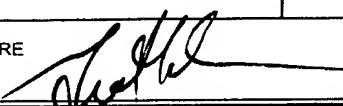
(application number)

(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME Williams	FIRST NAME Carl	MIDDLE NAME Duane
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Colorado Springs	STATE OR COUNTRY OF RESIDENCE CO	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS 2419 N. Franklin Street		CITY Colorado Springs	STATE/COUNTRY ZIP CODE CO 80907
DATE <i>16 APR 02</i>	SIGNATURE <i>Carl J. Williams</i>		

Signature for additional joint inventor attached. Number of Pages 1.
 Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.
 Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ____.

NAME OF SECOND INVENTOR	LAST NAME Carlson	FIRST NAME Grant	MIDDLE NAME Edward
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Florissant	STATE OR COUNTRY OF RESIDENCE CO	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS 1311 Upper Twin Rock Road		CITY Florissant	STATE/COUNTRY ZIP CODE CO 80816
DATE 10-APR-02		SIGNATURE 	
NAME OF THIRD INVENTOR	LAST NAME McSweeney	FIRST NAME John	MIDDLE NAME William
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Baldoyle	STATE OR COUNTRY OF RESIDENCE Ireland	COUNTRY OF CITIZENSHIP IE
POST OFFICE ADDRESS 83 Admiral Park		CITY Baldoyle	STATE/COUNTRY ZIP CODE Dublin 13
DATE		SIGNATURE	
NAME OF FOURTH INVENTOR	LAST NAME Bannister	FIRST NAME Phillip	MIDDLE NAME John
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Kilmainham	STATE OR COUNTRY OF RESIDENCE Ireland	COUNTRY OF CITIZENSHIP IE
POST OFFICE ADDRESS 70 Bow Bridge Place		CITY Kilmainham	STATE/COUNTRY ZIP CODE Dublin 8
DATE		SIGNATURE	



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06/04/2002

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OPPEDAHL & LARSON LLP
PAGE 02/04

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SEND CORRESPONDENCE TO:  021121 <small>PATENT & TRADEMARK OFFICE</small>	DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970)468-6600
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				YES [] NO []	YES [] NO []
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

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60/270,940 February 22, 2001
(application number) (filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

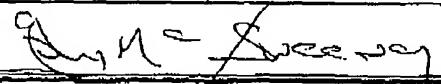
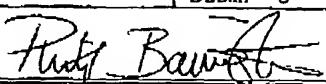
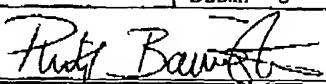
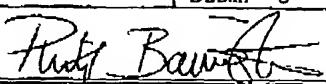
NAME OF SOLE OR FIRST INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Williams	Carl	Duane
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
	Colorado Springs	CO	USA
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
2419 N. Franklin Street		Colorado Springs	CO 80907
DATE	SIGNATURE		

[X] Signature for additional joint Inventor attached. Number of Pages 1.
[] Signature by Administrator(trix) or legal representative for deceased or
incapacitated inventor. Number of Pages .
[] Signature for inventor who refuses to sign or cannot be reached by person
authorized under 37 CFR § 1.47. Number of Pages .

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06/04/2002 15:17

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OPPEDAHL & SON LLP PAGE 04/04

NAME OF SECOND INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Carlson	Grant	Edward
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
	Florissant	CO	USA
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
1311 Upper Twin Rock Road		Florissant	CO 80816
DATE	SIGNATURE		
6/6/02			
NAME OF THIRD INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	McSweeney	John	William
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
	Baldoyle	Ireland	IE
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
83 Admiral Park		Baldoyle	Dublin 13
DATE	SIGNATURE 		
6/6/02			
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
	Bannister	Phillip	John
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
	Kilmarnham	Ireland	IE
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
70 Bow Bridge Place		Kilmarnham	Dublin 8
DATE	SIGNATURE 		
6/6/02	